

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Blackville  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

40979

Registration District No. 5. d. y. Registered No. 127  
 (For use of Local Registrar)

City of..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James L. Starnes {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1932  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Starnes(9) PRESENT POSTOFFICE OF FATHER Blackville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Lathrop(15) PRESENT POSTOFFICE OF MOTHER Blackville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36  
 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna L. Starnes  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 19, 1933 (28) U. S. H. S. Starnes  
 Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MCGRAW OF COLUMBIA, COLUMBIA, S. C.